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## Social tourism & older people: the IMSERSO initiative

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### ABSTRACT

Extant demand-perspective social tourism studies have generally focused on children, families and the disabled whilst older people remain an under-researched group in relation to the personal and social benefits of social tourism initiatives. This study discusses the lack of research on social tourism and older people and takes a demand-side perspective to examine one of the world's most developed and large-scale social tourism schemes for older people, the Spanish Government's IMSERSO programme. A qualitative approach explores the nature of older people's engagement with the scheme and its impact on their wellbeing, through individual in-depth interviews with twenty-seven IMSERSO participants in Benidorm, Spain – a popular IMSERSO destination. The thematic analysis is structured around five themes: social connectivity, the impact of caring responsibilities, a new beginning, escape and practical support. The findings for these IMSERSO participants suggest that, as factors such as caring obligations and hardship experienced in early life are reduced in later life, they have the capacity for increased holiday-taking and social activity and consequently for participation in the IMSERSO scheme. The scheme is found to have a positive impact on their wellbeing by providing opportunities for meeting and interacting with new people, acting as a distraction from ill-health and thus reducing stress, depression and anxiety. However, the article raises questions over the ability of those without strong social networks, including no partner, and those with ongoing caring responsibilities (those who, it could be argued, are most in need of a holiday) to participate in the scheme.

### RESUMEN

La existente perspectiva de demanda en los estudios de turismo social generalmente se ha enfocado en los niños, familias y personas con discapacidad mientras que las personas mayores permanecen como un grupo poco investigado en relación con los beneficios personales y sociales de las iniciativas de turismo social. Este estudio discute la falta de investigación en turismo social y personas mayores y toma una perspectiva desde el lado de la demanda para examinar uno de los esquemas de turismo para personas mayores más grandes y desarrollado a nivel mundial, el programa gubernamental español del IMSERSO. Una aproximación cualitativa explora la naturaleza del compromiso

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### PALABRAS CLAVES

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### MOTS-CLÉS

Tourisme social; Espagne; bien-être; IMSERSO; participation; vie future

### 关键词

社交旅游; 西班牙; 健康福利; IMSERSO; 参与; 晚年生活

de los mayores con el esquema y su impacto en el bienestar, a través de entrevistas en profundidad individuales con veintisiete participantes del IMSERSO en Benidorm, España –un destino popular del IMSERSO-. El análisis temático se estructura alrededor de cinco temas: conectividad social, el impacto de las responsabilidades de cuidado, un nuevo comienzo, escape y apoyo práctico. Los resultados para esos participantes en el IMSERSO sugieren que, como factores tales como las obligaciones de cuidado y privación experimentados anteriormente se reducen al final de la vida, tienen la capacidad para disfrutar de más vacaciones y de actividad social y, consecuentemente, para la participación en el esquema del IMSERSO. Se aprecia que el esquema tiene un impacto positivo en su bienestar al proporcionar oportunidades para el encuentro e interacción con gente nueva, actuar como distracción de la enfermedad y, así, reducir el estrés, la depresión y la ansiedad. Sin embargo, el artículo plantea cuestiones sobre la capacidad de aquellos que carecen de fuertes redes sociales, incluyendo los viudos, y aquellos que aún tienen responsabilidades de cuidado (aquellos que, podría argumentarse, necesitan en mayor medida unas vacaciones) para participar en este esquema.

#### RESUME

Les études actuelles sur le tourisme social axées sur la demande se concentrent généralement sur les enfants, les familles, ainsi que sur les personnes handicapées. Les personnes âgées restent cependant un groupe qui n'a pas attiré les chercheurs par rapport aux avantages personnels et sociaux des initiatives de tourisme social. Cette étude analyse l'absence de recherche sur le tourisme social et les personnes âgées et s'intéresse à l'un des programmes de tourisme social les plus développés et les plus importants au monde pour les personnes âgées, en l'occurrence le programme IMSERSO du gouvernement espagnol.

A travers des entretiens individuels approfondis avec vingt-sept participants d'IMSERSO à Benidorm, en Espagne - une destination populaire d'IMSERSO, cette étude explore, par le biais d'une approche qualitative, la nature de l'engagement des personnes âgées dans le projet et l'impact de ce dernier sur leur bien-être. L'analyse thématique tient compte des cinq thèmes: la connectivité sociale, l'impact des responsabilités de soins, un nouveau départ, l'évasion et le soutien pratique. Les participants à IMSERSO suggèrent qu'ils ont la capacité d'augmenter les vacances et l'activité sociale. Par conséquent, ils sont capables de participer au programme IMSERSO lorsque des facteurs tels que les obligations familiales et les difficultés rencontrées au début de la vie sont réduits. Le système a un impact positif sur leur bien-être en offrant des occasions de rencontrer et d'interagir avec de nouvelles personnes, en agissant comme une distraction de la mauvaise santé et en réduisant ainsi le stress, la dépression et l'anxiété. Cependant, l'article soulève des questions relatives à la capacité de ceux qui n'ont pas de réseaux sociaux forts, y compris ceux sans partenaire, et ceux qui ont des responsabilités de prendre soins des autres de façon continue (ceux qui ont le plus besoin de vacances) pour participer au programme.

## 摘要

现存的从需求角度来看社交旅游的研究一般集中在儿童、家庭和残疾人，而老年人这块缺乏研究关注，尤其是在社交旅游活动的个人和社会利益方面。本研究讨论缺乏对社交旅游和老年人的研究，并以需求方面的观点来审视西班牙政府的计划 IMERSO，这是世界上最发达和大规模的老年人社会旅游计划之一。研究采用定性方法，通过与这个受欢迎的 IMERSO 目的地西班牙贝尼多姆的二十七名 IMERSO 参与者进行深入访谈，探讨老年人参与计划及其对健康福利的影响。研究通过主题分析法发现五个主题：社会连通性，关爱责任的影响，新的开始，逃避和实际支持。这些 IMERSO 参与者的调查结果显示，由于早年生活中经历的关怀义务和困难等因素在晚年生活中会减少，因此他们有增加假期和社交活动，并因此参与 IMERSO 计划。该计划发现，通过提供与新人会面和互动的机会，分散了对疾病的注意力，从而减轻压力、抑郁和焦虑，对他们的健康福利产生积极的影响。然而，这篇文章引发了不少问题，包括那些没有强大社交网络的老人、没有伴侣以及那些有照顾责任的人（可能是最需要度假的人）如何去参加该计划。

## 1. Introduction

Despite much research on social tourism (see for example McCabe, 2009; McCabe & Johnson, 2013; McCabe, Minnaert, Maitland, & Miller, 2009) and the accepted benefits of holiday-taking, many people are still unable to participate, hence are excluded from 'social normalcy' (Quinn & Stacey, 2010, p. 31). In Spain, for example, tourism consumption is highly polarised with a relatively small group of people (20%) travelling a lot, whilst 40% of the population have only average participation and 40% of the population are unable to take holidays (Gonzalez & Turegano, 2014). In these circumstances, many Governments, including Spain's, have attempted to widen participation by supporting social tourism initiatives.

An increasing amount of work has been undertaken on the impact of social tourism initiatives on the wellbeing of participants, which has emphasised the long-lasting benefits on happiness, optimism, family life and relationships. Yet much of the focus has been on children, families and the disabled. Fewer studies have focussed on the impact social tourism initiatives can have on the wellbeing of older people; an under-researched group, particularly given the continuous growth of older people as a percentage of the population. Figures from the European Commission (2011) indicate that in the European Union (EU), 18% of Europeans are aged 65 or over, representing 92 million people and by 2060, this will increase to 152.6 million. Spain has experienced significant changes to its population; as the number of people aged over-65 has doubled in less than 30 years and older people account for 16.7% of the country's population. According to Spain's national statistics agency, Instituto Nacional de Estadística, by 2060, 29.9% of the total population will be over-65 (Causapie, 2010). The United Nations (2002) predicts that by 2050, Spain will be the world's 'oldest' country with 40% of its population aged over-60. Consequently, the wellbeing of its older population is going to become increasingly important.

This article is an exploratory study, examining the difference involvement in the Spanish Government's social tourism scheme, 'Instituto de Mayores y Servicios



(IMSERSO) makes to the wellbeing of a group of IMSERSO participants. In doing so, it explores aspects of their home lives to ascertain the extent to which factors important for wellbeing are already in place as well as the difference participation in the scheme makes to their wellbeing. The work is based on a Santander Universities-funded research project, undertaken with support from the University of Alicante, University of the Balearics and Pompeu Fabra University in Barcelona. The paper initially examines extant literature on social tourism, before progressing to tourism literature that focuses on older people and wellbeing. After setting the context for the findings and outlining the methodology, the article then analyses the themes which emerged from the 27 semi-structured biographical interviews with IMSERSO participants.

## 2. Literature review

Minnaert, Diekmann, and McCabe (2012, p. 29), identify two broad models of social tourism ‘host-related’ schemes that aim to help host communities and those that focus on the visitors (usually those excluded for health or economic reasons) termed ‘visitor-related’. However, they maintain the distinguishing feature of social tourism is that it ‘benefits disadvantaged social groups – persons who cannot travel because of financial and/or health reasons or other constraints’ and that ‘the social aims should be the primary concern for a “social tourism” denomination to stay valid’. They observe that such initiatives, although consistent in terms of the target groups (seniors, disadvantaged young people and families, people with disabilities), adopt a broad range of approaches in terms of the funding arrangements, providers (accommodation, tour operators and services) and the types of holidays offered. Social tourism has a range of participant benefits, particularly for families (Hazel, 2005; McCabe, 2009; Quinn & Stacey, 2010; Sedgley, Pritchard, & Morgan, 2012), with Minnaert et al. (2009) arguing that social tourism provides deprived families an opportunity to increase their family and social capital, widen their social networks, foster positive behaviour, self-esteem and generally increase feelings of wellbeing. Quinn and Stacey (2010) similarly identified increased self-esteem and self-confidence amongst deprived young people; whilst the Family Holiday Association (FHA), has also found that holidays can reduce stress amongst families and give them the confidence to cope with life (FHA, 2015). Sanz, Ferrandis, and Garces (2013) did undertake a study on the relationship between participation in tourism and health, autonomy and social integration amongst older people, it did not focus specifically on social tourism. However, the research did identify a positive relationship between holidaying and self-perceived health and independence and found that those older people who took holidays needed to use social and health care systems less frequently. One of the few studies which has been undertaken on social tourism and older people was the work undertaken by Morgan, Pritchard, and Sedgley (2015) on the impact of a UK based social tourism scheme which found that it offered positive benefits in terms of providing companionship, opportunities for reminiscence, as well as acting as a stimulus for reengagement with physical activity and social interaction. The article concluded by calling for more research exploring the physiological, psychological, social and spiritual impacts of social tourism on the wellbeing of older people.

Despite a proliferation of research on social tourism for families and children, research on the impact of social tourism on the wellbeing of older people has been



limited. One explanation for limited research might be that whilst numbers of older people in the EU has increased, the travel industry has focused on the market potential of wealthier and healthier older people, despite the fact that many do not or are unable to travel for a range of reasons, e.g. lack of transportation, poor health, family and caring responsibilities and lack of travel companions (Anderson & Langmeyer, 1982; Blazey, 1986; Guinn, 1980; McGuire, 1984; Romsa & Blenman, 1989; Shoemaker, 2000; Zimmer, Brayley, & Searle, 1995). Tung and Brent Ritchie (2011, p. 332) maintain that the perception of older people as a potentially lucrative market means that 'current research has remained steadfast on investigating their travel motivations, preferences, characteristics, and expenditures'. Concentration on the purchasing power of older people has propagated a perception that they do not need economic support to take holidays. However, the reality is very different – only 41% of seniors within the EU travel (compared to 55% of 25 to 44 year olds) and seven out of ten seniors travel only within their own country (European Commission, 2015). According to data from the Eurostat Toolkit (2017) 'A look at the lives of the elderly in the EU today', the share of older people who travel in Spain is only 39% compared with an EU average of 48.8%. The low levels of economic support and the low participation levels are disconcerting as taking holidays in later life has been shown to have positive physical, psychological, social and spiritual impacts; providing opportunities for activity, social interaction, self-reflection and self-enhancement, thereby enhancing seniors' well-being (Dolnicar, Yanamandram, & Cliff, 2012; Hagger & Murray, 2013; Hunter-Jones & Blackburn, 2007; Sanz et al., 2013).

We know little about the difference social tourism initiatives can have on the wellbeing of older people. Despite research indicating that older people are living longer with better physical health than ever before, they are not necessarily getting happier. Problems of isolation, loneliness and depression mean that many older people are living with low levels of life satisfaction (Allan, 2008). As a result, concern about their wellbeing has grown. Whilst there is no accepted definition of what wellbeing is, it tends to be associated with having a pleasurable life, a sense of purpose, independence and dignity (Age UK, 2017). Indeed, in recent years there has been a recognition that older peoples' health is more than the absence of disease but also includes psychological and social wellbeing. Thus whereas traditional models of health emphasised medical, biological and physiological interventions to address the 'dysfunctionality' of ageing (Estes & Binney, 1989; Gullette, 2004; Kauff-

man, Shim, & Russ, 2004; Phillipson, 2013), more recently, attempts to understand older people's health have been undertaken from a more holistic perspective recognising that psychological wellbeing is also vital and closely related to health (Stephens, Breheny, & Mansvelt, 2015; Wild, Wiles, & Allen, 2013). As Steptoe, Deaton, and Stone (2015, p. 646) state:

the wellbeing of the elderly is important in its own right and there is suggestive evidence that positive hedonic states, life evaluation and endemic wellbeing are relevant to health and quality of life as people age. Health care systems should be concerned not only with illness and disability but with supporting methods of improving positive psychological states

This small-scale exploratory study therefore aims to identify the impact of the IMSERSO holiday scheme on wellbeing.

## 2.1. The *IMSERSO* scheme

In northern Europe, social tourism tends to be the responsibility of charitable organisations whereas in Mediterranean countries, such as France and Spain, the public sector is far more involved (Hall & Brown, 2006; Hunter-Jones, 2011). The Spanish Government's social tourism scheme, *IMSERSO* is an example of such a publicly funded scheme. *IMSERSO* began in 1985 and initially offered 16,000 Christmas hotel stays in 19 hotels; it now offers subsidised holidays to older people during the whole of the low-holiday season, October-May. At its peak, in 2009–10, *IMSERSO* was offering 1,200,000 holidays in 307 hotels (All Parliamentary Group on Social Tourism, 2011). Despite 30% cuts to *IMSERSO* for the 2012–2013 season (from €102 million to €75 million) (Euro Weekly News, 2012), the scheme continues to receive funding and in 2016/2017 announced a 5% increase in the number of places available (Abaco Advisers, 2015). In the 2015/2016 season, 1.132 million people participated in the scheme (*IMSERSO*, 2017). Since its establishment, *IMSERSO* has evolved with increased flexibility, such as offering participants the option of shorter stays and more destinations, including weekend breaks to provincial capitals. Consequently, older people can choose from three forms of holiday: coastal holidays of 15/10/8-day duration, 6-day cultural tours or 5-day nature tours (Abaco Advisers, 2015). To participate in *IMSERSO*, participants must be resident in Spain, travel during October and June and fulfil criteria, such as being at least 65-years old; retired and in receipt of a public pension or a widower of a pensioner aged 55 or over. For eligible participants, the holiday includes return travel, full-board, double-room accommodation at one of the *IMSERSO*-selected hotels, travel insurance, entertainment programme (*IMSERSO*, 2016) and the subsidy amounts to approximately 21% of the total cost of the trip (Cisneros-Martinez, McCabe, & Fernandez-Morales, 2017).

One of the aims of *IMSERSO* is to create economic benefits, through employment and revenue, for destinations in the low-holiday season. The scheme is regarded as critical in helping to address the problems of seasonality in many Spanish holiday resorts, generating 11,678 direct employment in hotels and 72,574 indirect jobs in Spain (*IMSERSO*, 2017). As well as the economic rationale for the *IMSERSO* holiday scheme, it also has the aim of tackling loneliness and improving older people's wellbeing (mental, physical, emotional, psychological, educational or other) by:

- boosting elderly people's social integration
- promoting active ageing
- improving elderly people's quality of life (*IMSERSO*, 2016)

It is significant that the scheme is administered by the Spanish Institute of Social Services and the Elderly. However, despite the broad aims of the scheme encompassing wellbeing, there has been a preoccupation with examining its economic benefits rather than whether the scheme demonstrably improves older people's wellbeing and thus whether the scheme could be refined to enhance this impact.

## 3. Methodology

As part of gaining a more rounded understanding older people's wellbeing by, as stated in the Literature Review, moving away from reductionist, medicalised perspectives, many

Governments and gerontologists have begun to focus on the social context of their lives by gathering more personalised subjective reflections (Bond & Corner, 2004; Morgan et al., 2015; Sedgley, Pritchard, & Morgan, 2011). Thus, critical gerontology has emerged to give older people a voice in exploring the complexity of their lives (Jamieson & Victor, 1997). Critical gerontology highlights the need to understand people's personal histories and historical, political, cultural and economic contexts using, for example, biographical research (Bernard & Meade, 1993; Bernard & Scharf, 2007; Holstein & Minkler, 2003; Wilson, 2000). Advocates of critical gerontology within tourism research, Sedgley et al. (2011, p. 430) argue that biographical context:

allows us to uncover a terrain of life events that help explain the impact of socio-cultural characteristics (e.g. gender, class, ethnicity) and personal factors (e.g. familial, work and friendship networks, where people live, sense of neighbourhood, health, social engagement, consumption patterns) on people's participation and non-participation in tourism ... biographical research also enables us to recognize the wider social and historical changes older people have experienced (e.g. economic and political change) and how these impact on their current circumstances and attitudes.

Thus, within this research, semi-structured biographical interviews explore the participants' life histories and current lives as a way of contextualising the impact of IMSERSO. Interview questions were intentionally broad, covering aspects of life such as marriage, children, and grandchildren as well as the presence of other factors important for determining wellbeing, such as their health, home lives including levels of social connectivity and the nature and frequency of their holiday activity pre-and post-retirement. At the same time, the researchers were mindful of giving the participants a voice in determining the themes and boundaries of the research.

The research team were keen to ensure that the research was carried out in an ethically-sensitive way hence, before commencing the research, the proposed project was scrutinised by the main authors' University ethics committee. This protocol would have been undertaken regardless of the demographic grouping being studied, as Gilhooly (2002, p. 211) observes:

... there is nothing special about researching later life, or research with older people. Most older people live independent lives, are self-determining, and are competent to decide whether or not to take part in research. Thus, they should be treated in the same way that one would treat any other adult asked to take part in research ...

However, the ethnographic and biographical elements of the work increased the possibility of eliciting upsetting memories. Consequently, the researchers were conscious of interviewing with empathy and sensitivity.

The primary data collection focused on the Mediterranean coastal resort of Benidorm situated on the Costa Blanca in the province of Valencia. Originally a small fishing village, Benidorm emerged in the 1960s as a large-scale holiday resort. Currently, it is one of the most important tourist destinations in Spain, with approximately 68,000 beds and hotels registering 10 million overnight stays annually (Ivars i Baidal, Rodríguez Sánchez, & Vera Rebollo, 2013) and the second most popular destination (after Andalucia) for IMSERSO scheme participants with 67 hotels participating (IMSERSO, 2017). In total, 27 semi-structured interviews were undertaken in Spanish, alongside the Levante beach in Benidorm where, using purposive sampling, participants were approached by the researcher as


**Table 1.** Participant profiles.

Pseudonym*	Gender	Age	Marital status	Occupation	Origin
Alberto Andaluz	Male	72	Married	Civil Servant	Madrid
Elena Alcántara	Female	69	Married	Housewife	Madrid
María López	Female	68	Married	Housewife	Village Guadalajara
Valle Solas	Female	67	Married	Housewife	Basque Country
Camilo Suarez	Female	69	Married	National guard	Basque Country
Carmen Martínez	Female	74	Widow	Housewife	Murcia
M <sup>a</sup> Luisa López	Female	72	Married	Office Clerk	Murcia
Carmen (Margarita) Gómez	Female	86	Widow	Housewife	
Laura Cisneros	Female	86	Widow	Housewife	
Marisa Molina	Female	70	Married	Housewife	Madrid
Javier Chacón	Male	71	Married	Fitter	Madrid
Antonia Martínez	Female	71	Widow	Entrepreneur and dressmaker	Renteria (Basque Country)
Rosa Pascual	Female	62	Married	Shoe repairwoman	north of Spain
Luis Sánchez	Male	67	Married	Woodworker	north of Spain
Carmina Fernandez	Female	70	Widow	Housewife	Cantabria
Aurora (Isabel) Figueroa	Female	68	Married	Office Clerk	Madrid
Marcelino López	Male	70	Married	Bus Driver	Madrid
Carmela Blasco	Female	72	Married	Housewife	Granada
Antonio Romero	Male	77	Married	Civil Servant	Granada
Pilar Gómez	Female	70	Married	Teacher	Motril (Granada)
Pepe García	Male	77	Married	Farmer	Motril (Granada)
Encarnación Sánchez	Female	75	Married	Labourer	La Zubia (Granada)
Clara Barreros	Female	77	Married	Housewife	La Zubia (Granada)
Ana Nieto	Female	75	Married	Dressmaker	Madrid
Eusebio Martín	Male	78	Married	Decorator	Madrid
Aurora Sánchez	Female	72	Widow	Housewife	Madrid
Alicia García	Female	73	Widow	Housewife	Madrid

\*Women in Spain do not change their family name after marriage. Married women have different family names than their husbands.

they walked along the promenade in the area. The participants ranged in age from 62 to 86 and of these, 20 were female and only 7 were male. This female predominance is understandable given that the majority of participants in the scheme are female (IMSERO, 2017). All were married or had been married (7 were widowed, the rest still married). Interestingly, 20 of the respondents had very little experience of travel before retirement.

**AQ7** The characteristics of the respondents are summarised in the table below (Table 1).

 The interviews were all recorded and transcribed into English so that thematic analysis could be undertaken. Five themes were identified: social connectivity, the impact of caring responsibilities, a new beginning, escape and practical support. Quotes from the narratives have been used to present the results of the analysis and to reflect the personalised insights of the participants. It is worth noting that, as the interviews are full of regional and colloquial words, translation was difficult. In those instances, the decision was taken to interpret rather than directly translate the respondent's words to ensure the essence of their meaning was not lost. Some respondents chose pseudonyms to protect their identity.

## 4. Results and discussion

### 4.1. Social connectivity

In order to contextualise the significance of participating in IMSERO holidays on well-being, the interviews began by exploring the participants' home life in terms of family ties and social support networks. The strength of these ties was striking, reflected by high levels

of regular face-to-face or telephone family contact and that six of the respondents still had adult children living at home. An insight into the high levels of family contact came from Encarnation:

I have four children, the youngest lives at home, he is 45-years old; he doesn't even have a girlfriend. All of them live in my village ... Some of my children come every day and others come less but, if they cannot come, they phone me.

When Valle was asked how often she sees her children she said, laughing, 'too often'. Similarly, Elena explained that the level of contact with her family was such that 'I sometimes look for a little time of loneliness for myself'. Likewise, Maria Luisa, when asked if she ever felt lonely, stated 'Lonely? Quite the opposite'.

The closeness of these respondents towards their children both reflects the fact that in Spain, young people stay at home until a relatively late age, a trend exacerbated more recently with the economic crisis and high levels of unemployment (Carrasco & Rodriguez, 2000) and that their cohort grew-up under Francisco Franco, who enforced a set of social structures designed to preserve the traditional role of the family. Under his regime, motherhood was identified as a woman's main role and a national and societal obligation (Valiente, 2013). The idea of *perfecta casada* (the perfect housewife) and *angel del hogar* (angel of the home), emphasised the value of personal sacrifice, particularly in relation to raising children (Reyes, 2015). Such values have had lifelong implications for participants, as evidenced later in this paper.

As well as the importance of close family relationships, many of the participants also referred to the importance of close friends:

We have very good friends; there are a couple of such good friends that are like siblings to us. We used to live in the same building and the doors of our houses were always open ... the boys were coming back-and-forth in both houses. They moved away from Madrid, but our friendship is still very strong, after 40 years (Javier).

Many of these friendships and social ties stem not only from being close neighbours, as in Javier's case, but also from the social activities of the participants, such as membership of the Association of Salesian (Friars) Alumni, Cultural Associations, local associations for retired people and Yoga groups. The significance of these social networks in terms of life satisfaction is clear, as illustrated by Alicia:

I do everything, I don't want to stop. I do Tai Chi, a memory class, crafts. Every day I go to the [community] centre and any other day I go out with my friends, we are always in touch.

The Church, as might be expected in a Roman Catholic country like Spain, was at the centre of many respondents' social lives, providing both social connectivity and spiritual wellbeing, as reflected by Maria:

We have a prayer group that is wonderful, I feel very welcome, it's superb people, we pray, we sing, we praise, we have service on Sundays and catechism on Thursdays.

Many respondents' comments confirm that the factors determining older people's well-being, such as relationships with family and friends, social contact, religion/spirituality, community engagement and leisure, already feature strongly in these participants' lives (Bond & Corner, 2004). Indeed, López García, Banegas, Graciani Pérez-Regadera, Herruzo Cabrera, and Rodríguez-Artalejo (2005) found that only a small proportion of

Spain's elderly lack frequent social relationships. This common factor in many participants' lives is reassuring as high levels of social contact have been found to reduce the risk of depression, even in those older people with physical health problems (López García et al., 2005). Conversely, other research has found that deficiencies in social relationships are even associated with an increased risk of developing heart disease and strokes (Valtorta, Kanaan, Gilbody, Ronzi, & Hanratty, 2016). The major challenges which older people face in later life, such as bereavement, retirement, illness of a close partner and taking on the role of carer, can be alleviated with the support of family and friends. However, a lack of social support is linked with an increase in mortality and poor health. The dominant theme of strong social and family ties in this work differs from that of Morgan et al. (2015), who found loneliness to be a recurring theme amongst English participants of a UK social tourism scheme. In the UK, loneliness and isolation has long been identified as a major problem, where 51% of all people over-75 live alone and 5 million identify television as their main form of company (Age UK, 2014).

However, even in Spain, despite the strong social connectivity and the undeniably enjoyable formal and informal activities on offer, feelings of loneliness and loss are not eradicated, as Carmina describes:

I walk every day for an hour-and-a-half listening to music. After that, I go with my friends in the afternoon and we play Parchisi and chat. We go to the Catholic Centre. Once a month we have a dance, and besides that we do parties and daily trips ... [but] I do feel lonely. When you are out, you feel accompanied but then, when you close the door of your house, you need somebody to talk to about things. I was 44 when I was widowed, and you never get used to it. When my children leave the house I'm lonely.

Significantly, the majority of interviewees in this research were married, which perhaps reflects the ease of participating in social activities, including holidays, if one has a partner (Age UK, 2017). In Age UK's latest study on wellbeing, they found that older people in the highest wellbeing group were more likely to be married whilst a third of those on the lowest wellbeing group were widowed. A recent study by Sommerlad, Ruegger, Singh-Manoux, Lewis, and Li (2017) even went so far as to suggest that married people are less likely to develop dementia as marriage encourages both partners to exercise more, eat more healthily and smoke and drink less, as well as offering more opportunities for social engagement. Whilst the IMSERSO scheme does acknowledge the challenges facing those who are widowed by allowing those aged 55, rather than 65, to participate in the scheme and also allows participants to take a companion with them who doesn't necessarily have to be a pensioner, the extent to which people in this category take up this opportunity is not clear. IMSERSO's annual report (IMSERSO, 2017) on the scheme only provides data on the gender, age, income and levels of satisfaction of the participants, suggesting that a broader analysis would be valuable to understand their participants' homes lives, including levels of social connectivity and marital status, in order to identify the any common characteristics of those groups who do not participate in the scheme.

#### **4.2. The impact of caring responsibilities**

Whilst celebrating the time they now had to spend with friends and participate in social activities, many respondents recalled how their earlier lives had been characterised by caring for children followed by caring for elderly parents:



I have been all my life at my home caring for all of mine ... I have looked after everyone, my mother with oxygen, my father with dementia. My father-in-law spent 28 years at home with me and some weeks also his sister was at home, all those seniors I had in my house and a sister, she was in a wheelchair for a year and three months. All have passed through my hands, with no-one to help me (Maria).

Neither my husband nor I had any siblings ... We had elderly parents, caring for them first and then, my children were born, then we got my in-laws ... Eventually after all those years, I am travelling with my husband (Carmen).

Intense caring duties meant that pre-retirement holidays had been difficult. Twenty participants stated that they travelled very little pre-retirement or, if they did travel, they had had to take elderly relatives with them. Only recently had they been able to holiday as couples, free of caring responsibilities. María Luisa describes how caring for both her mother and mother-in-law impacted on her holidays and her perception of holidays:

My mom was in my house, she passed away five years ago, and I also had my mother-in-law for 45 years in my house, she died when she was 100 years old; I took care of both, imagine! ... [On holiday] I had to rent a house and I went with the two grandmothers, my mother and my mother-in-law, just imagine that scene. They were not holidays at all.

The huge caring responsibilities, once again reflects the strong sense of family loyalty and personal sacrifice found amongst many older women in Spain, where there is almost a moral duty to keep elders within the family home (Alberdi, 1999). Carrasco and Rodriguez (2000, p. 51) observe that the significance of women's unpaid caring has been so extensive that it has served 'as a shock absorber for adversity and economic crisis'.

At the same time, research has also shown that familial obligation towards ageing parents has shielded many Spanish elders from the detrimental impact of loneliness and, subsequently, poor physical and mental health. Accordingly, there are concerns that, as Spanish society changes, with increased female employment and children moving away, the supportive relationship between children and the elderly will be eroded. As Zunzunegui, Beland, and Otero (2001, p. 1091) state, the 'mismatches in the expectations of elderly parents and their children may arise with increased frequency and the deleterious effects of poor support on the health of the older people may be more readily detectable'. Given that Spain is experiencing a period of economic and social transition, this societal shift raises questions as to whether the older people in this research will receive the same levels of care they dedicated to others.

Currently, the strong sense of family obligation and solidarity continues in this cohort of women so, whilst many are no longer caring for older relatives, they now have extensive responsibilities for their grandchildren:

My husband goes to pick up my grandchildren, he brings them from school and we eat at home, I have six or seven sitting on my table everyday (Maria).

We have a daughter. We see her every day because she comes home for lunch. She has a child and we see him every day as well. I take him to school and then I pick him up and he comes home for lunch with us (Antonio).

Previous research in Spain found that when parents struggle with work and family commitments, the extended family (mainly grandmothers) often intervene to look after children, especially early infant child-care (Carrasco & Rodriguez, 2000; IPSOS Mori, 2011).



Extending the scheme to include inter-generational family breaks could address caring commitments for those with grandchildren, however, further research would be required to examine the implications for the overall aim of IMSERSO, not least the ability of older people to participate in low-season holidays and the release of older people from caring duties.

#### 4.3. A new beginning

Generally, many respondents had been liberated from the major care responsibilities of elderly relatives, children and grandchildren and thus able to enjoy their new-found leisure time with a clear conscience, knowing that they did their utmost to care for relatives. Valle, for example, describes how she treated her aunt 'like a marchioness' and that 'She came like a pauper and went like a queen'. This sense of having fulfilled familial obligations is also evident in the words of Elena:

We have had [dependents], a very difficult situation, we had to travel every two months to Córdoba [300 km] for two years to assist my mother-in-law, and then my parents ... we couldn't go anywhere ... we have served them very well and now we can enjoy the satisfaction of having helped them and be at peace with ourselves.

Interestingly, Warren and Clarke (2009) also found a sense of liberation amongst older people, particularly the sense of freedom resulting from declining family and work commitments. Within this research, Encarnation described her enthusiasm for travel having been freed from caring roles 'because before we were never able to see beyond the door of the house.' Whilst twenty of the participants stated that they had travelled very little pre-retirement, since retirement, nineteen described travelling extensively, taking 2–3 trips a year. For some older people, these holidays 'represent not simply the time of their lives, but also time for their lives' (Dann, 2001, p. 10). Therefore, whilst IMSERSO does allow older people who have caring responsibilities to take that person with them or, to take their own carers, it would be valuable to know how many older people in these categories are participating in the scheme.

#### 4.4. Escape

Many respondents described the sense of freedom resulting from their participation in IMSERSO, as well as the sense of escape it provides from worries at home, where they often feel anxious and tend to dwell on their physical and mental health issues:

Here you relax. I don't know why, but you relax ... I suffer from anxiety and here I feel great, I wake up and I have nothing to do, even my knee is better here (Ana).

Doctors? I didn't even think about it. I bring my book and that's it. No anxieties at all. We come here to relax (Carmen).

You really disconnect, I come back very relaxed (Marisa).

In Clara's case, being on holiday distracts her from worries connected to her husband's health and mortality:

When I come away with IMSERSO, I'm very relaxed. At home, my nerves don't allow me to sleep, but here, after a couple of days here, I sleep very well. I don't have nerves at all ... Often

at home I have anxiety problems, but when I get onto the bus I start to feel better. Here I sleep at siesta time and I also sleep at night ... Since my husband got sick I am scared that something is going to happen to him. Sometimes I even cry, but it doesn't happen when I am here. I've been all my life with him, and I don't know what I'll do if something happens to him; but here it does not happen. As soon as I start to unpack at home, I start to feel nervous again.

Similarly, Aurora describes how taking part in the IMSERSO trips has allowed her to overcome bouts of depression, particularly after her husband's death:

I started to travel with IMSERSO with my husband. At first, I didn't want to but then I started to warm to the idea. When my husband passed, my sons and the doctor encouraged me to come back; I was falling into a depression. It suited me very well, I got distracted, I met some great people ... The first time, I came alone with a married couple of friends, but lately I come with lady-friends.

The positive atmosphere clearly distracts the participants from their own or partner's ill-health and mortality:

I think it helps to make you feel better ... When you are doing well we forget a lot of things. It feels good ... The atmosphere that you find here, to meet people, be with other people, get to know how older people are, talking with people from other places ... it makes you learn, and you make very good friends (Valle).

From Valle's perspective, it is the social aspect of the holidays, particularly meeting new people from other regions of Spain, which allows her to forget her troubles:

I like IMSERSO, you get to know many people, we have made many friends ... I mean, you make very good friendships, I'm very friendly, I get along with people very easily and here there is a very good atmosphere with music every night. I like it.

Such sentiments support previous work (Corlyon & La Placa, 2006; Hazel, 2005; McCabe, 2009) which found that holidays can reduce stress, allow time for relaxation and recovery and the rebuilding of emotional strength. McCabe (2009) highlighted that holidays have the potential to reduce stress and allow people to cope with ill-health and chronic conditions. Similarly, Morgan et al. (2015, p. 11) found that one of the most beneficial aspects of subsidised holidays for older people was that it punctuated individuals' everyday routines, extended their social worlds and represented an opportunity to escape everyday responsibilities, thus enabling 'clients to contextualise their problems, re-evaluate their lives, confront negative self-images and develop coping strategies to increase their emotional resilience to recent life transitions such as reduced socio-economic circumstances, bereavement and increased ill health and physiological change.'

The perceived advantage of Benidorm for many respondents is that it is a vibrant, all-year round destination. Antonia describes less satisfactory experiences when visiting other Spanish destinations during the low season:

Once I went to Ibiza in March ... but everything is closed; where can you go? ... There are no buses running ... every move has to be done by taxi, and taxis are very expensive. Later on, I went to La Manga and exactly the same.

The attraction of Benidorm in the low season is that there are plenty of people, hotels and shops are open and the transport system is operational. Elena, for example, gains

inspiration from the liveliness of the resort and the many elderly people around her who are managing their health and not giving up:

It rejuvenates you, you see the way people move ... look at that lady, how old she is and how she moves ... It therefore stimulates you, you say, 'well, we cannot be sitting at home.

This attitude supports the work of Jerrome (1989) who has observed how the attitudes of older people's peer group to ageing provide 'normative guidelines' for older people facing the challenges of later life. The findings also support Minnaert et al. (2009) who found that social tourism can provide respondents with an opportunity to reflect on their lives and identify areas where change is needed; similarly, McCabe (2009, p. 682) found that family holiday schemes can give participants a 'fresh sense of perspective on problems'; whilst Morgan et al. (2015) found that holidays provided older people on UK social tourism schemes an opportunity to re-evaluate their lives and confront negative self-images. Generally, many of these studies have emphasised how the benefits of social tourism extend beyond the immediate holiday experience into the everyday lives of participants. There is clearly an opportunity for IMSERSO, to explore the impact of the scheme on richer features of participants' wellbeing, as well as collect data for their annual reports on participants' satisfaction with their holiday.

#### 4.5. Practical support

As well as the purported psychological benefits, such schemes are important to older people for the practical help, guidance and support offered:

They [IMSERSO] really help. Sometimes you don't have a group in your location, but they combine groups with another city and you just have to join the group in that place. The girl or the boy that goes with the group helps you to join, they take you to the boarding area, tell you the gate, they help you with everything (Luis).

You don't have to worry about a thing, it's all organized. When we used to travel on our own, we had to seek accommodation, search for parking for the car, find tickets to go this place or the other. Not anymore. We get everything done for us (Pilar).

IMSERSO helps you a lot. There are seniors who want to travel but they don't know which plane they have to take; where they have to sit; and where to go to pick up their boarding pass and they [IMSERSO employees] explain everything. IMSERSO personnel wait for you, tell you which plane; they bring you to the hotel, they help you with everything (Rosa).

There is no doubt that both the psychological and practical benefits of the IMSERSO scheme explain why, since retirement and with freedom from work and caring responsibilities, many of the respondents not only continue to take part in IMSERSO (20 had been on IMSERSO trips before) but also take advantage of other social tourism schemes in Spain organised by regional governments, city halls, retiree associations, church groups, or professional guilds. Elena, for example, takes full advantage of all travel opportunities:

With IMSERSO we do everything we can ... then we also travel with Alcorcon City Council, which also organize trips, the Community of Madrid, we take whatever suits us at that time. We think travelling is culture, each site is a different thing, it opens up life. I love it.

The fact that both national and local Governments in Spain continue to support social tourism schemes suggests a broad base of support, which is unusual when many

Governments are moving towards anti-interventionist and liberal capitalist systems, less concerned with equality and social justice (Higgins-Desbiolles, 2012; McCabe, Minnaert, & Diekmann, 2012). Higgins-Desbiolles (2012, p. 65) argues that the hegemony of neoliberalism means that many Governments have been forced to celebrate the benefits of tourism purely around a discourse of economics.

## 5. Conclusions

Our results highlight how, for these participants when caring obligations, mothering duties and hardship experienced in early life is reduced it leaves space for increased holiday-taking and social activity; which subsequently reduced loneliness. This work examined further how the social tourism delivered by IMSERSO was identified with overcoming anxiety, countering depression, providing a distraction from ill-health and reducing stress. The work has reinforced the findings of other research on social tourism which has shown it can provide opportunities for meeting and interacting with new people, improving participants' mental and physical health, providing practical support and enhancing their subjective wellbeing.

It is clearly difficult to differentiate the effects produced because of Spain's social context from those resulting purely from social tourism. However, respondents identified clear benefits and related these to IMSERSO and the examples cited by the respondents were intimately associated with their experiences of social tourism. Being away from home, detached from caring obligations and with opportunities to create new friendships, further reduced stress, loneliness and had a positive and additional impact on wellbeing.

The research has also shown that unhappiness in later life is not inevitable and that initiatives can be introduced which foster wellbeing and social inclusion. Unfortunately, much of the support for older people within Europe is modelled on the traditional medical model of service delivery, based on medical notions of decline and 'care'. Hence the focus on interventions in the lives of older people tend to ignore the key part that more holistic policies based on seeing, valuing, and responding to the whole person can play in maintaining confidence, capacity, and societal contribution.

This research does highlight the positive impact of the scheme on wellbeing amongst those participating. However, it does acknowledge that many of these participants already had many of the important enabling factors needed for wellbeing in place such as social capital, a partner, freedom from caring responsibilities and reasonable levels of health. Whilst IMSERSO has put in place provisions to ensure that those who may be more socially isolated, due to widowhood, caring responsibilities and those with carers can participate, a more detailed analysis of the groups are taking up this opportunity would provide insight into its value. Also, in the spirit of critical gerontology, a more holistic understanding (people's personal histories and historical, social, cultural and economic contexts, including levels of social connectivity), of the lives of those who are participating might provide improved insight into causes of low participation for groups. This could inform a move towards greater involvement from health, social care and community care organisations in the scheme and improve the involvement of vulnerable groups in the scheme.

To conclude, this research has highlighted how tourism, if viewed from a non-commercial perspective, can be used as part of a holistic approach to older people's wellbeing.

Social tourism should thus be included in public health and wellbeing policy discourses on empowerment and inclusion as it can contribute to improving people's quality of life (La Placa & Corlyon, 2014). It is thus concerning that tourism research has given scant attention to older people's wellbeing and the extent to which holidays might enhance self-esteem, education, cross-cultural interaction, spiritual growth and solidarity (Higgins-Desbiolles, 2012). However, at a time when European Governments seem to believe that individuals, rather than the state, should take responsibility for their own lives (Monbiot, 2016), the Spanish Government should be admired for continuing to support the scheme.

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